

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90040 031 ***150.00

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01142005 Chg-P CR2E034 (10/03)

DOCUMENT # 600275 1. Entity Name PHYSICIANS GROUP OF SOUTH FLORIDA, P.A.					
Principal Place of Business 4701 MERIDIAN AVE SUITE 7450 MIAMI BEACH, FL 33141 US			Mailing Address 4701 MERIDIAN AVE SUITE 7450 MIAMI BEACH, FL 33141 US		
2. Principal Place of Business 4300 Alton Road Suite, Apt. #, etc. Suite 800 City & State Miami Beach, FL Zip 33140		3. Mailing Address 4300 Alton Road Suite, Apt. #, etc. Suite 800 City & State Miami Beach, FL Zip 33140		4. FEI Number 59-1173552 Applied For <input type="checkbox"/> Not Applicable	
Country US		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALAN KUTNER, M.D. 250-63 ST. SUITE 9A MIAMI BEACH, FL 33141				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4300 ALTON ROAD, SUITE 800 City MIAMI BEACH, FL Zip Code 33140	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JONAS, IVAN M. <input type="checkbox"/> Delete 4701 MERIDIAN AVE #7450 MIAMI, FL 33140		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4300 Alton Road, Suite 800 Miami Beach, FL 33140	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KUTNER, ALAN <input type="checkbox"/> Delete 4701 MERIDIAN AVE #7450 MIAMI, FL 33140		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4300 Alton Road, Suite 800 Miami Beach, FL 33140	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: X			Date 1/24/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					